

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

08/995108

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5		3				
6						
7						
8	1		1			
9				1		
10				1		
11				1		
12				1		
13				1		
14		3		3		
15				1		
16				1		
17				1		
18				1		
19				1		
20				1		
21	1		1			
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48						
49						
50						
TOTAL	3		4			
TOTAL	28		18			
TOTAL	31		22			
CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL						
IND.						
TOTAL						
DEP.						
TOTAL						
CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS